



Due By April 24, 2009

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*off*

# Rhode Island Ethics Commission

## 2008 YEARLY FINANCIAL STATEMENT

RECEIVED  
RHODE ISLAND  
ETHICS COMMISSION  
09 APR 24 AM 11:25

MARY ANN SHALLCROSS SMITH  
6 TWIN RIVER ROAD  
LINCOLN RI 02865

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2008 THROUGH DECEMBER 31, 2008 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

**Note:** If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2008 Yearly Financial Statement in the mail but believe you did not hold a public position in 2008 or 2009 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. 200 Shallcross Smith MARY Ann -  
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 6 Twin River Rd Lincoln RI 02865  
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

n/a  
MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

RI House of Representatives State  
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

n/a  
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11-4-08 I was appointed on 1/09 I was hired on \_\_\_\_\_  
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation n/a.

4. List elected office(s) for which you were/are a candidate in either calendar year 2008 or 2009 (Read instruction #4)

District 46 - Lincoln + Pawtucket RI

5. List the following: NAME OF SPOUSE

Ronald R Smith

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2008. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
Mary Ann Shullness-Smith	Child Care Consultants & Facilities Management	Pres CEC - present
Ron Smith	"	CFE - present
Mary Ann Shullness Smith	Worship Smith INC	1 UP Rental property management
Ronald Smith		Pres Int - Present
Mary Ann Shullness	Statel RE	Rep House for Present
Ronald Smith	CITIZENS National Assoc HHS	TS nurse
	Civilian Emergency State Guard	

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
Ronald Smith		
Mary Ann Shullness Smith		
11 Busts Rock Rd Jittl Copter RE		Summer home
34 Indian Rd Jittl Copter RE		Rental property
462 Southfield Ave Paul RE		Rental property
174 Hartford Pike Foster RE		Rental property
6 Twin River Rd Jini RE		primary home

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST: n/a

NAME OF TRUSTEE AND ADDRESS: n/a

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: n/a

ASSETS: n/a

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
Mary Ann + Ron Smith	Kid Klub Inc	Pres - Ron Treasurer
Mary Ann Shullness	Dr Dg Can	Pres
Ron Smith	Dr Dg Can	Treasurer
Mary Ann + Ron Smith	Child Care Consultants & Facilities Management	mass Pres Ron UP
Mary Ann Shullness	Dr Dg Can	Pres

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2008 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING  
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY  
MAKING GIFT OR CONTRIBUTION

N/A

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

- Mary Ann Shullness - Children Workshop Child Care Connection - 21 Blackstone Valley Pl
- Mary Ann Shullness, For Smart Child Care Consultants + LLC - 462 Smitfield Ave 1st Fl  
 ② Dr Day Care Inc - 462  
 ③ Worksouth Inc - 11 Bushy Rock Rd JE RT
- Mary Ann Shullness - Dr Day Care II - 621 Pound Hill Rd No Smith RT

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2008 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS  
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE  
OF TRANSACTION

- Dr Day Care Inc - 462 Smit Ave - DHS Child Care - moderate
- Dr Day Care II - 621 Pound Hill Rd - n/a - fed food program  
 Kids Klub only
- Kids Klub - 462 - Smitfield Ave - DHS fee food
- Beyan Coaching / Coaching - 462 - moderate
- Therapeutic Child Care - Dr Day Care Inc - DHS  
 462 Smit

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

Dr Day Care  
Child Care Connection

DHS - DCYF  
TRD

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS  
Dr Day Care H

DESCRIPTION OF INTEREST (NOT AMOUNT)  
AND DATE ACQUIRED AND/OR DIVESTED

Jan - 1-09  
Child Care Services

NAME OF REGULATING AGENCY

DcyF DHS

HOW REGULATED

State RT PG  
~~Child~~ - Child Care Lusion

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS  
OF BUSINESS

DESCRIPTION OF INTEREST  
DATE ACQUIRED AND/OR DIVESTED  
(DO NOT INCLUDE AMOUNT)

NAME OF STATE  
OR MUNICIPAL AGENCY

Dr Day Care H

Child Care began Jan 09 RT

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

Mary Ann + Ronald Smith  
West Smith Inc

Joe Steiner  
28 Wood Street A  
Salem MA 01857

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2008 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

Mary Ann Shellness Smith  
SIGNATURE

State of Rhode Island

County of Providence, RI

Subscribed and sworn to before me at A April Tracy Fatare this 23 day of April 2009.

My Commission expires: 7/09

Tracy Fatare  
SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.